

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1							51	
2							52	
3							53	
4							54	
5		2					55	
6		(1)					56	
7		(1)					57	
8		(1)					58	
9		(1)					59	
10		(1)					60	
11		(1)					61	
12		(1)					62	
13		(1)					63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4						TOTAL IND.	
TOTAL DEP.	10						TOTAL DEP.	
TOTAL CLAIMS	14						TOTAL CLAIMS	